

Service Area Plan

Department of Health

Local Nutrition Services (44018)

Service Area Background Information

Service Area Description

The purpose of the service area is to assure healthy diets for mothers during pregnancy and breast-feeding and for their children ages 0 to five who might otherwise not be able to afford to eat properly. The service is offered for families with income under 185% of the federal poverty level.

Virginia's Special Supplemental Nutrition Program for Women, Infants and Children (WIC) operates pursuant to US Department of Agriculture regulations in response to increasing scientific evidence that children's ability to learn and excel in school is directly related to the quality of nutrition received during the critical period of prenatal and early childhood brain development. WIC differs from the Food Stamp program by covering only these high risk population groups, providing only specified high nutrition food items and requiring nutritional assessment and education for the participants.

The provision of vouchers to purchase a package of specifically prescribed high nutrient foods at local groceries is coupled with education for the mothers and/or primary care-givers about healthy eating. Increasing attention is being paid to educating families about ways to avoid the risks of childhood obesity while assuring proper nutrition. Breastfeeding is promoted while regular and specially prescribed formulas are provided for infants who are not breastfed. Offering the services of this program through local health departments allows linkage and referrals to be made assuring that the low-income recipients obtain primary health care services and specific preventive services such as childhood immunizations and lead-screening.

Service Area Alignment to Mission

This service area directly aligns to the mission of the Virginia Department of Health to protect and promote the health of Virginians. It accomplishes this by providing information and specific resources for lower income families to assure optimal nutrition during the times of greatest brain development and growth of Virginia's future citizens.

Service Area Statutory Authority

- The Federal Child Nutrition Act of 1966, Section 17 [42 U.S.C. 1786] established the Special Supplemental Nutrition Program for Women, Infants and children (WIC) to provide supplemental foods and nutrition. WIC Regulations are found in the Code of Federal Regulations, 7 C.F.R. Part 246.
- Public Law 102-314 established the WIC Farmers' Market Nutrition Program (Code of Federal Regulations, 7 C.F.R. Part 248).
- Code of Virginia Section 32.1-351.2 established the Children's Health Insurance Program (FAMIS). A mandated agreement with DMAS requires VDH to identify children who are eligible for WIC to expedite their eligibility for FAMIS.

Service Area Customer Base

Customer(s)	Served	Potential
WIC Participants - Children	66,222	125,521
WIC Participants - Infants	35,615	35,415
WIC Participants - Women	35,122	52,190

Service Area Plan

Department of Health

Local Nutrition Services (44018)

Anticipated Changes In Service Area Customer Base

- Successful attempts to add more of the higher priority customer base (pregnant and breastfeeding women) to the program may result in fewer children being served because the federal funds to purchase food are limited.
- Changes in the cultural view low-income women have of child-bearing and breastfeeding may either increase or decrease the percentage of such women who actually participate depending on how their views conform to the expectations of the program.
- The perception by the families as well as by community informants such as physicians, friends, and relatives of the “trouble” to participate as compared to the perceived benefit of the “free food” will impact the number of actual eligible persons who will enroll and continue to participate.
- Federal guidelines are expected to change the composition of the food package, and possibly other matters, based on a report expected soon from an Institute of Medicine review. These changes may increase or decrease the eligible populations, change the priorities for service among customer groups or change the acceptability to different groups of the foods offered.
- An increase or decrease in the number of families below the qualifying Federal poverty levels is possible based on local economic conditions.
- An increase in the number of women of child-bearing age may increase the number of eligible pregnant and breastfeeding women.
- A decreasing birthrate may decrease the number of women eligible for WIC.
- Changes in access to other feeding programs (Food Stamps, charitable feeding programs, etc.) will raise or lower the percentage of eligible persons who enroll and participate in this program, especially if they believe that “free food and formula” is the only benefit of participating because they do not value the provision of nutrition education.

Service Area Products and Services

- Information and support services for breastfeeding
- Weight and height measurement
- Testing for anemia
- Blood lead risk information and referral (testing may be provided with non-WIC resources)
- Individual and group education about nutritional needs and how to best meet them
- Individual nutritional counseling for certain special health needs
- Infant formulas provided including many as a result of physician prescription
- Vouchers to purchase packages of specified high nutrition foods
- Referrals to other primary and preventive health services
- Immunization screening under age two and referral as indicated; immunizations often provided with other HD resources
- Multi-vitamins and iron supplements provided with non-WIC funds to some participants under local medical protocols

Service Area Plan

Department of Health

Local Nutrition Services (44018)

Factors Impacting Service Area Products and Services

- Changes in federal regulations may serve to add to or limit the kinds or extent of service provided, either by specific direction or by reducing the resources supporting those services.
- Decreases in the availability of appropriately-credentialed employees may reduce the extent and/or quality of the services provided.
- Potential decreases in the level of training required of certain WIC employees with the substitution of algorithms for individual professional determination, may limit the ability of the program to fully meet or satisfy the unique requirements of some customers.
- Technological changes (e.g. automated telephone appointment reminders and computer-based health education for clients, etc.) may enhance client participation and understanding of the importance of good nutrition, allow faster and easier communication between staff and customers, and streamline the record keeping process, among many other potential benefits. However, more technology may deter some clients from enrolling or participating as desired.

Anticipated Changes To Service Area Products and Services

- Increasing use of automated methods for delivering health education to clients in group and individual sessions
- Increasing use of automated methods to record information and track program measurements.
- Increased use of para-professional level personnel and algorithms to reduce program cost.

Service Area Plan

Department of Health

Local Nutrition Services (44018)

Service Area Financial Summary

Federal funds from the U.S. Department of Agriculture support a grant to Virginia to operate the WIC program. This service area includes the funds from the state grant that the state WIC office allocates to support local operation of the WIC program. No state or local matching funds are imposed by Virginia's acceptance of this grant.

These funds represent 59 percent of the funds USDA allocates to Virginia to administer the WIC program. Local health departments' funding levels are determined by a formula primarily based on client caseload. Funds received by local health departments are split among three activities with 24% allotted to nutrition education and breastfeeding services and 76% allotted to administrative costs.

Local health departments use these funds almost exclusively for salaries and benefits for the nutritionists and other staff who enroll client in the program and provide services to those eligible individuals who participate in the WIC program. To varying degrees, most local health departments provide in-kind contributions such as office space and telephones for the WIC staff. As needed, many local health departments must also use staff paid by the cooperative budget in order to comply with USDA program and record keeping requirements and to maintain current services. This staff time is indeterminate and varies considerably depending on such factors as the number of delivery sites, staff turnover, and increasing salaries. The cooperative budget staff time spent delivering WIC services is not usually reimbursed by the grant. Federal WIC funds coming to Virginia are likely to remain at a level that will require local health departments to continue in-kind and direct support of the program as needed.

Virginia's WIC grant funds that support the purchase of food packages and infant formula as well as state office services and administration of the program are reflected in the WIC and Community Nutrition Service Area.

	<u>Fiscal Year 2007</u>		<u>Fiscal Year 2008</u>	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	\$0	\$15,763,186	\$0	\$15,763,186
Changes To Base	\$0	\$527,667	\$0	\$527,667
SERVICE AREA TOTAL	\$0	\$16,290,853	\$0	\$16,290,853

Service Area Plan

Department of Health

Local Nutrition Services (44018)

Service Area Objectives, Measures, and Strategies

Objective 44018.01

Provide low-income families with knowledge and resources to support healthy diets during pregnancy, breastfeeding and early childhood.

The right intake of nutrients by the pregnant woman and during early life has been repeatedly shown to be one of the most powerful ways to optimize the development of the young brain and place the child on the right road for development and learning in later years. Opportunities that are lost by inadequate nutrition during these critical periods cannot be recovered later in life.

This Objective Supports the Following Agency Goals:

- Promote systems, policies and practices that facilitate improved health for all Virginians.
(This objective also is aligned with the long term goals for Virginia to “Elevate the levels of educational preparedness and attainment of our citizens” and to “Inspire and support Virginians towards healthy lives and strong and resilient families”.)

This Objective Has The Following Measure(s):

- **Measure 44018.01.01**

Percentage of potentially-eligible pregnant women enrolled in the WIC program

Measure Type: Output

Measure Frequency: Every Six Months

Measure Baseline: 69% as of September 2004.

Measure Target: 85% by end of FY08.

Measure Source and Calculation:

The WIC-Net data system is the source of the persons enrolled. The number of persons estimated to be in each risk group was developed from state demographic and family income data by a contracted organization in 2003 and is updated as new birth and family income data is available.

Objective 44018.01 Has the Following Strategies:

- Local Health Departments will individually assess enrollees and provide them with nutrition education services as well as information about how to use the food vouchers and other requirements of the WIC program. These services will include offering related preventive health services and referrals.
- Local Health Departments will send reminders, make phone calls and take other steps to assure that enrollees continue to participate in the program by picking up and using food vouchers and returning for required re-certification and additional nutrition education sessions.
- Local Health departments, supported by the state WIC program, will survey clients and use other means to determine preferences and use the information to develop and implement improved means for delivering nutrition education that is practical and useful for clients over their life-time.
- Local Health Departments will reach out to find members of the priority risk groups and other potentially eligible individuals to enroll them in the WIC program. This strategy will involve use of media, partnering with health care providers and other community groups and offering accessible service times to enroll new customers.